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## STATE OF NEVADA



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### CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, Suite M-245  
Reno, Nevada 89502

Telephone (775) 688-1921      Fax (775) 688-1920      Voice Mail (775) 688-1919  
Website: <http://chirobd.nv.gov>      E-Mail: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

Dear Applicant for Temporary Licensure:

The enclosed application form must be completed in full and your signature notarized. An application must be submitted not less than **30** days in advance of the date you intend to begin temporary practice in Nevada.

The following must accompany the application:

- **Two** checks or money orders in the amount of **\$50.00** each (one for the application fee and one for the approved temporary license fee) The \$50.00 application fee will be deposited upon receipt. The \$50.00 temporary license fee will be held until the license is issued then it will be deposited. If the application is denied the check for temporary license fee will be returned.
- **Two** recent photographs, approximately 1-1/2" x 1-1/2" in size, frontal view of applicant's face.

The following must be received direct from the state where you are currently practicing no less than **21** days prior to the date you intend to begin temporary practice in Nevada:

- Certification of good standing; must include verification that there has been no disciplinary action taken or is currently pending.

A temporary license is valid for the **consecutive** ten (**10**) day period designated on the license and is not renewable.

The Board may not grant more than two temporary licenses to an applicant during any calendar year.

Please contact the Board office if you have any questions.

Attach Current  
2" x 2"  
Photo Here

Complete and mail to:  
Chiropractic Physicians' Board of Nevada  
4600 Kietzke Lane, Suite M-245, Reno, NV 89502

775-688-1921

## APPLICATION FOR TEMPORARY LICENSE TO PRACTICE CHIROPRACTIC IN THE STATE OF NEVADA

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**PLEASE NOTE: FAILURE TO ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY WILL RESULT  
IN DENIAL OF THIS APPLICATION AND THE FEES ARE NOT REFUNDABLE**

Print or type:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address where currently practicing: \_\_\_\_\_

Chiropractic college where D.C. degree was obtained: \_\_\_\_\_

Date graduated: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current chiropractic license number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other states in which you have been granted a license to practice chiropractic: \_\_\_\_\_

Current status of other licenses: \_\_\_\_\_

1. Have you ever been denied a license by any other jurisdiction? \_\_\_ Yes \_\_\_ No If yes, give details: \_\_\_\_\_

2. Have you ever surrendered a license? \_\_\_ Yes \_\_\_ No If yes, give details: \_\_\_\_\_

3. Are there any outstanding complaints or disciplinary actions pending against you in any other jurisdiction? \_\_\_ Yes  
\_\_\_ No If yes, give details: \_\_\_\_\_

4. Have you ever been the subject of disciplinary action in any other jurisdiction? \_\_\_ Yes \_\_\_ No If yes, give details and  
final disposition: \_\_\_\_\_

5. Have you ever been named as a defendant in a professional malpractice suit? \_\_\_ Yes \_\_\_ No If yes, give details: \_\_\_\_\_

6. Have you ever been arrested for or charged with any crime other than a traffic violation (include any DUIs)? **Note:**  
**Even if you have had records sealed and you have been told that your file has been cleared, you must report this**  
**information, including juvenile records.** \_\_\_ Yes \_\_\_ No If yes, give details and final disposition: \_\_\_\_\_

7. Have you ever been convicted of a crime other than a traffic violation (include any DUIs)? **Note: Even if you have**  
**had records sealed and you have been told that your file has been cleared, you must report this information,**  
**including juvenile records.** \_\_\_ Yes \_\_\_ No If yes, give details and final disposition: \_\_\_\_\_

8. Are you now or have you ever been found in default in the payment of a student loan? \_\_\_ Yes \_\_\_ No If yes, give  
details: \_\_\_\_\_

9. Have you ever been drug or alcohol dependent and/or enrolled in a drug or alcohol rehabilitation program? \_\_\_ Yes  
\_\_\_ No If yes, give details: \_\_\_\_\_

☐ I am not subject to a court order for the support of a child or children.

☐ I am subject to a court order for the support of one or more children and am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐ I am subject to a court order for the support of one or more children and am **NOT** in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Event location (address): \_\_\_\_\_

The undersigned, being duly sworn under penalty of perjury, deposes and says that the statements contained herein are true, complete, and correct to the best of his/her knowledge and belief; that he/she has not suppressed any information which might affect this application; that he/she has not omitted any information relevant to his/her current fitness to practice; that he/she is of good moral character and will conform to the ethical standards and conduct of the profession; that he/she has otherwise met all statutory requirements and believes him/herself eligible for activation of his/her license to practice chiropractic, and that he/she has read and understands this affidavit.

\_\_\_\_\_  
Secretary